

**PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

0990444-004-AG

Facility Identification Number - If known (seven digit number)

~~0990444~~  
0990444

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable**

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

**General Facility Information**

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)  
MONICA INVESTMENTS I LLC

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)  
PASSION CLEANERS

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 13833 WELLINGTON TRACE BAY E-6  
City: WELLINGTON County: WPB Zip Code: 33414

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)  
\_\_\_\_\_

RECEIVED  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
2018 AUG 26 PM 3:09  
FINANCIAL ACCOUNTING  
REVENUE

**Facility Contact**

<u>Name and Position Title</u> (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title: <u>SUNIL PATEL, PRESIDENT</u>		
<u>Facility Contact Telephone Numbers</u> Telephone: <u>561-795-9383</u> Fax: _____ Cell phone: <u>561-603-0718</u> E-mail: <u>sunilpatel1013@yahoo.com</u>		
<u>Facility Contact Mailing Address</u> Organization/Firm: <u>passion cleaners</u> Mailing Address: <u>13833 wellington trace, bay e-6</u> City: <u>wellington</u> County: <u>wpb</u> Zip Code: <u>33414</u>		

**Correspondence Contact/Representative (to serve as additional Department contact)**

<u>Name and Position Title</u> Print Name and Title: <u>REENA PATEL, VICE PRESIDENT</u>		
<u>Correspondence Contact/Representative Telephone Numbers</u> Telephone: <u>561-627-5354</u> Fax: _____ Cell phone: <u>561-603-2654</u> E-mail: <u>reenapatel803@yahoo.com</u>		
<u>Correspondence Contact/Representative Mailing Address</u> Organization/Firm: <u>passion cleaners</u> Mailing Address: <u>13833 wellington trace, bay e-6</u> City: <u>wellington</u> County: <u>wpb</u> Zip Code: <u>33414</u>		

**Government Facility Code (check only one)**

<input type="checkbox"/> Facility not owned or operated by a federal, state, or local government.
<input type="checkbox"/> Facility owned or operated by the federal government.
<input checked="" type="checkbox"/> Facility owned or operated by the state.
<input type="checkbox"/> Facility owned or operated by the county.
<input type="checkbox"/> Facility owned or operated by the municipality.
<input type="checkbox"/> Facility owned or operated by a water management district.

RECEIVED  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
2013 AUG 26 PM 3:09  
FINANCIAL ACCOUNTING  
REVENUE

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES**

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry machine on-site, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
June 2006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	RC	June 2006
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**1. (b) Is the facility a co-residential Dry Cleaning facility?**

Yes  No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input checked="" type="radio"/> YES <input type="radio"/> NO		<input checked="" type="radio"/> YES <input type="radio"/> NO

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**2. Perchloroethylene Usage**

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

80 Gallons.

**3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.**

No steam and hot water generating units (boiler) onsite

BOILER	HORSEPOWER	FUEL TYPE*
FULTON	30	NATURAL GAS

\*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other

RECEIVED  
 DEPARTMENT OF  
 ENVIRONMENTAL PROTECTION  
 2019 AUG 26 PM 3:09  
 FILED  
 REGULATORY DIVISION



**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER  
2600 BLAIRSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT  
GOVERNOR  
HERSCHEL T. VINYARD JR.  
SECRETARY

July 29, 2013

Sunil Patel  
Passion Cleaners  
13833 Wellington Trace E-6  
Wellington, FL 33414

**RECEIVED**  
AUG 07 2013  
DIVISION OF AIR  
RESOURCE MANAGEMENT

561-795-9383

Re: Facility No. 0990444

Dear Sunil Patel,

Our records indicate that your Dry Cleaner Air General Permit (AGP) entitlement is set to expire on 9/6/2013.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under an AGP for no more than five (5) years. To avoid lapse of authority to operate, an owner or operator intending to use, or continue to use, an AGP should submit the proper registration and \$100 processing fee at least thirty (30) days prior to expiration of the facility's existing AGP.

The FDEP Division of Air Resource Management is pleased to offer the **NEW** Air General Permit Electronic Registration Submittal (AGPERS). AGPERS is an automated system which allows you to register and pay for your AGP online. This system can be accessed from the following webpage: <http://www.dep.state.fl.us/air/emission/agpers.htm>.

If you do not wish to use AGPERS, you can download and complete an AGP registration worksheet and mail it to FDEP along with the \$100 processing fee. The appropriate worksheet can be accessed from the following webpage: [http://www.dep.state.fl.us/air/emission/air\\_gp.htm](http://www.dep.state.fl.us/air/emission/air_gp.htm). Simply click on your industry sector, then complete the "AGP Example Worksheet" and mail it to the address indicated in the worksheet instructions.

If you need additional assistance, please contact the Small Business Environmental Assistance Program at (800) 722-7457 or by email at [Small.Business@dep.state.fl.us](mailto:Small.Business@dep.state.fl.us).

**RECEIVED**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2013 AUG 26 PM 3:09  
FINANCIAL ACCOUNTING  
REVENUE

From:

passion cleaners  
13833 Wellington Truce EG  
Wellington FL 33414

WEST PALM BCH FL 334

05 AUG 2013 PM 4 L



**RECEIVED**

AUG 07 2013

DIVISION OF AIR  
RESOURCE MANAGEMENT

To: Florida Dept of Environmental  
Protection,  
2600 Blairstone Road,  
Tallahassee FL 32399-2400

32399240099

